

Patient Name : Mr.TULA RAM VERMA	Visit No : CHA250041353
Age/Gender : 70 Y/M	Registration ON : 07/Mar/2025 03: 54PM
Lab No : 10138648	Sample Collected ON : 07/Mar/2025 04: 00PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 07/Mar/2025 04: 00PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 05: 59PM
Doctor Advice : PSA-TOTAL,ABDOMEN ERECT AP,NA+K+,Albumin,URINE COM. EXMAMINATION,RANDOM,T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM ALBUMIN				
ALBUMIN	3.2	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.5)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 07-03-2025 18:54:16

*Patient Identity Has Not Been Verified. Not For Medicolegal



Shadab Khan

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr.MANISH TANDON	Sample Received ON : 07/Mar/2025 04: 36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 05: 35PM
Doctor Advice : PSA-TOTAL,ABDOMEN ERECT AP,NA+K+,Albumin,URINE COM. EXMAMINATION,RANDOM,T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	5.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	2.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	21.2	%	36 - 45	Pulse hieght detection
MCV	81.2	fL	80 - 96	calculated
MCH	19.9	pg	27 - 33	Calculated
MCHC	24.5	g/dL	30 - 36	Calculated
RDW	21.6	%	11 - 15	RBC histogram derivation
RETIC	3.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7230	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	409,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	409000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,916	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,880	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	72	/cmm	20-500	Calculated
Absolute Monocytes Count	362	/cmm	200-1000	Calculated
Mentzer Index	31			
Peripheral Blood Picture	:			

.Red blood cells show cytopenia, microcytic hypochromic with few macrocytes. Platelets are adequate. No immature cells or parasite seen.



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Doctor Advice : PSA-TOTAL, ABDOMEN ERECT AP, NA+K+, Albumin, URINE COM. EXMAMINATION, RANDOM, T3T4TSH, CREATININE, LFT, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	131.7	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.6	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.45	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.25	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	129.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	31.2	U/L	5 - 40	UV without P5P
SGOT	26.4	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.80	nmol/L	1.49-2.96	ECLIA
T4	105.00	n mol/l	63 - 177	ECLIA
TSH	2.30	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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Signature

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Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.20	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its sequential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acid phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.
2. Blood samples should be obtained before prostate biopsy or prostatectomy or prostatic massage or digital pre rectal examination as it may result in transient elevation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;
Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

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[Checked By]

MC-2491 Print.Date/Time: 07-03-2025 18:54:29
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SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Rachna

*** End Of Report ***

